

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13699**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	c. LENGTH OF STAY (in this place) 2 WEEKS	c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2215 MAIN STREET		e. STREET ADDRESS (If rural, give location) 2215 MAIN STREET 0495	

3. NAME OF DECEASED (Type or Print) a. (First) GARLIE	b. (Middle)	c. (Last) HALL	4. DATE OF DEATH (Month) (Day) (Year) APRIL 18, 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 1, 1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	Hours	Mins.
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10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) IRON. WORKER - BRIDGE CONSTRUCTION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NEAR NOWATA, OKLA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY HALL	13b. MOTHER'S MAIDEN NAME EDITH SMITH	14. NAME OF HUSBAND OR WIFE MAE HALL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. MAE HALL, 2215 MAIN, JOPLIN, MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/16, 1956, to 4/18, 1956, that I last saw the deceased alive on 4/18, 1956, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Glenn Jeno, D.C.	23b. ADDRESS 2213 Main	23c. DATE SIGNED 4/18/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-19-56	24c. NAME OF CEMETERY OR CREMATORY SHAWNEE O.K.L.F.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-16-56	REGISTRAR'S SIGNATURE Steve Merriam	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jasper County Health Officer

County File Number Jasper
Date Filed Health Officer

RECEIVED

RECEIVED APR 23 1956

Jasper County Health Officer

County File Number 6-41-344

Date Filed APR 23 1956

JUL 20 1956

APR 2 1957

SEP 17 1956

JUL 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. *271*

P. O. Address *Joplin*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.